

Request for Authorization of Targeted Assistance Status

Please print or type all information.

County: _____ School District: _____
 School: _____ CDS Code (14 digits): _/_/_/_/_/_/_/_/_/_/_/_/_/_/_/_/
 Street Address: _____
 City: _____ Zip: _____
 Principal: _____ Telephone: _____
 Fax: _____ E-mail: _____
 Consolidated Program Director: _____ Telephone: _____
 Fax: _____ E-mail: _____

Signatures

Superintendent: _____ Date: _____
 Principal: _____ Date: _____
 School Site Council Chair: _____
 Consolidated Program Director: _____
 Student (Secondary): _____
 Other: _____
 Date of Local Board Approval: _____
 Projected start date of the school's Targeted Assistance Status: _____

The LEA must mail the request with appropriate signatures and the date of local board approval to:

California Department of Education
 Attn: Gordon Jackson, Administrator
 District and School Program Coordination Office
 1430 N Street, Suite 4401
 Sacramento, CA 95814